

**STATE OF INDIANA  
DIVISION OF FAMILY AND CHILDREN**

**EMERGENCY SHELTER GRANT  
2005- 2006 MONITORING TOOL**

Grantee: \_\_\_\_\_ Grant Amount \$ \_\_\_\_\_  
Address: \_\_\_\_\_ Contract # \_\_\_\_\_  
City: \_\_\_\_\_  
Assessment Date: \_\_\_\_\_ Grant Period: \_\_\_\_\_

Grantee Staff Present	Title	Consultant
_____	_____	_____
_____	_____	_____

**Current Program Issues**

Explain the services provided by your shelter.

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Explain how the shelter utilizes ESG funds to provide these services in the following categories?

Essential Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Operational Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Homeless Prevention: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you verify the person's status of being homeless or at risk of becoming homeless? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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What records do you maintain to document their eligibility? \_\_\_\_\_  
\_\_\_\_\_

How is a client introduced to mainstream resources? \_\_\_\_\_  
\_\_\_\_\_

What is the plan on how to transition the client to permanent housing? \_\_\_\_\_  
\_\_\_\_\_

What is your current performance based options and the objectives for the options? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Administrative Questions:**

What agencies has the grantee coordinated with to provide services in their area? Give an example of this coordination. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the agency subcontract for any of its services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who and what services are provided? \_\_\_\_\_  
\_\_\_\_\_

How does the agency monitor the effectiveness of those services? \_\_\_\_\_  
\_\_\_\_\_

Is the agency a part of a local network of service providers? Yes \_\_\_\_\_ No \_\_\_\_\_

How does the facility measure its success in delivering these services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this meet the agency's goal in providing these services? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

How many volunteers does the agency use in the delivery of its services? \_\_\_\_\_

Give an example of how volunteers have been used in the last year? \_\_\_\_\_  
\_\_\_\_\_

Give an example of volunteer training that was held within this contract year? \_\_\_\_\_  
\_\_\_\_\_

## **Financial**

Compare the budget and expenditures. (Sample agency expenditures against the service to be provided by the agency)

Are supportive service expenditures limited to 30% of the total expenditures? Yes \_\_\_\_\_ No \_\_\_\_\_

Are homeless prevention expenditures limited to 30% of the total expenditures? Yes \_\_\_\_\_ No \_\_\_\_\_

Under operations are any more than 10% of the expenditures used for staff salaries? Yes \_\_\_\_\_ No \_\_\_\_\_

Has or will the shelter spend 100% of the grant? Yes \_\_\_\_\_ No \_\_\_\_\_

### **Comments on Budget/Expenditures:**

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Does the agency charge the recipient fees? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how are the fees used as program income, i.e. used to provide additional ESG services? \_\_\_\_\_

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Is the shelter applying a match according the grant requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

Sample records and give examples of match being applied, (including source and values). \_\_\_\_\_

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### **Comments on Financial Section:**

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## **Personnel**

Is there a written grievance procedure for staff and volunteers? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there written policies for staff, clients & volunteers? Yes \_\_\_\_\_ No \_\_\_\_\_

## **Facility Inspection**

Is the shelter clean and well maintained? Yes \_\_\_\_\_ No \_\_\_\_\_

Are the following policies or procedures posted in the agency:

Hand-washing reminders in the kitchen and bathroom?      Yes \_\_\_\_\_      No \_\_\_\_\_

House rules in the residential area?      Yes \_\_\_\_\_      No \_\_\_\_\_

Emergency evacuation diagrams in each room?      Yes \_\_\_\_\_      No \_\_\_\_\_

Weather emergency procedures in the residential area?      Yes \_\_\_\_\_      No \_\_\_\_\_

No smoking signs?      Yes \_\_\_\_\_      No \_\_\_\_\_

Religion Rights?      Yes \_\_\_\_\_      No \_\_\_\_\_

  

Are the cleaning supplies secured?      Yes \_\_\_\_\_      No \_\_\_\_\_

Is there a First Aid kit?      Yes \_\_\_\_\_      No \_\_\_\_\_

Is there evidence of people utilizing the shelter?      Yes \_\_\_\_\_      No \_\_\_\_\_

Are there operational smoke detectors in appropriate places?      Yes \_\_\_\_\_      No \_\_\_\_\_

Are Fire Extinguishers available?      Yes \_\_\_\_\_      No \_\_\_\_\_

Have they been inspected within the last year?      Yes \_\_\_\_\_      No \_\_\_\_\_

Is there adequate access for people with disabilities?      Yes \_\_\_\_\_      No \_\_\_\_\_

Are there more than two exits on each floor?      Yes \_\_\_\_\_      No \_\_\_\_\_

Are any exits blocked or locked from the inside?      Yes \_\_\_\_\_      No \_\_\_\_\_

General Comments on Walk-Around Inspection: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Pending Issues/Review Follow Up**

List any pending issues with this provider and the resolution of these issues. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMENTS:**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_